

Proposal Cover Sheet
ARRA Adult Job Training
(Please type or print)

Name of Organization: _____

Name of Program: _____

Address: _____

City: _____ **Zip:** _____

Executive Director: _____

Proposal Contact Person:

Name: _____

Title: _____

Telephone: _____

Fax: _____

E-mail: _____

Amount Requested: \$ _____ **Number to be served:** _____

Primary Neighborhood(s) to be Served: _____

Other Neighborhoods: _____

Proposed site of service delivery: _____

Employer or other partner(s): _____
